

## MENTAL HEALTH UPDATE

July 16, 2008



### *Circle of Courage*

*Children and adolescents experience continual and profound physical, mental, and emotional development. Effective care requires an individual analysis of that child's developmental stage. In addition, children are strongly impacted by the social environments of their family and peers as well as the physical and cultural surrounding of their community. Families, schools, and communities are essential partners to nurture resilience and to protect against risks.*

*The next four issues of the Mental Health Update will highlight a section of **The Circle of Courage** as described by Brendtro, Brokenleg, and Van Bockern. The Circle of Courage is a nationally recognized paradigm for promoting growth and resilience in youth. It has 4 sections:*

**\* Belonging \* Mastery \* Independence \* Generosity**



### **Independence**

Children and adolescents develop independence when they are encouraged to:

- ✧ make decisions,
- ✧ solve problems, and
- ✧ show personal responsibility

Adults help this process when they model these skills, nurture, and provide clear feedback. To foster resiliency and age appropriate levels of independence, adults can help youth develop the following 6 strengths:

**\* Insight \* Relationships \* Initiative \* Creativity \* Humor \* Morality**

### **HowardCenter Applies for Certificate of Approval to Purchase Electronic Health Record System**

The HowardCenter has applied for a Certificate of Approval (COA) to purchase an Electronic Health Record (EHR) with project costs expected to be \$1,708,016. The agency is seeking approval to purchase a system that will augment existing operating software to automate clinical workflow and produce electronic clinical documents. The system HowardCenter plans to purchase is PsychConsult, a product of the Askesis Development Group from Pittsburgh, PA.

According to the Institute of Medicine, electronic health records have four key capabilities:

1. Longitudinal collection of health care information about an individual
2. Immediate access to person and population level data
3. Provision of knowledge and decision-support to enhance care
4. Support of efficient processes for health care delivery and administration

The Institute also identifies 7 core functionalities of an effective EHR: health information and data, results management, order entry/management, decision support, electronic communication and connectivity, patient support, administrative processes, and reporting and population health management. The institute offers criteria for evaluating EHR systems, information that will help guide the review of the HowardCenter's proposal.

Although the implementation of an EHR in a health care organization is intended to ultimately create operational and clinical efficiencies, the transition to such a system and the training of clinicians in its use and potential, is an upfront investment. In recognition of this, the HowardCenter plans to implement their proposed system over a 24 month period.

The HowardCenter's COA application and related communications are posted at <http://www.healthvermont.gov/mh/coa/index.aspx>. The Department of Mental Health and the Department of Disabilities, Aging and Independent Living have until September 5 to review this proposal and issue a decision about it.

## ***CHILDREN'S MENTAL HEALTH***

### **Children's System of Care Summit – Priorities for Supporting Children/Youth with Complex Needs and Their Families**

On September 16, 2008 a group of approximately 50 dedicated individuals will come together to discuss where Vermont's system of care should be in 2-10 years from now. Leading the charge, the Vermont Federation of Families for Children's Mental Health, the State Interagency Team and the Interagency Implementation Team have collated several of the summer studies and other pertinent reports in order to frame the recently highlighted issues in Vermont in relation to the entire system of care. The plan is to discuss those reports and answer the questions:

- How is Vermont doing to serve and support children/youth in their homes, schools, and communities?
- What have been our successes and challenges over the past twenty years?
- Where do we want Vermont's system to be in the next 2-10 years?
- How are we going to get there?

The group will also:

- Review the data about children served over the past twenty years
- Consider what the data are telling us about our children
- Reflect on trends that have supported or had a negative impact on the children and youth for whom we care
- Articulate joint priorities for the system of care for the next two to ten years

- Identify strategies and plan next steps

If you are interested in attending please contact Kathy Holsopple at [vffcmh@vffcmh.org](mailto:vffcmh@vffcmh.org) or 1-800-639-6071. The meeting will take place in Barre on Washington Street, Across from Mcfarland Building.

### **Adoption/Mental Health Steering Committee**

The Adoption/Mental Health Steering Committee, a representative group of state departments, the adoption consortium and mental health providers presented three recommendations to better serve adopted youth requiring out of home mental health treatment to the State Interagency Team's (SIT) retreat. The recommendations include:

- Develop practice standards for the appropriate use of out of home placements for adopted children. These standards would identify what services and supports should be attempted prior to placement, when out of home placement is appropriate, child and family treatment expectations during placement, and how to set goals and expectations for returning home.
- Clarify if ASFA (Federal Adoption and Safe Families Act) rules and permanency timeframes apply to non-custody, state-funded out of home placements. If ASFA rules do not apply, then SIT's assistance will be sought to oversee the development of a policy providing legal permanency protections for children who are not in DCF custody but are in extended out of home placements. SIT will be asked to facilitate AHS, DOE and all provider partners involved in the implementation of this new policy.
- Develop practice standards for determining when it is appropriate to develop long-term alternative living and/or family situations (e.g. long-term shared parenting, mentor situations, independent living, etc.) Also, develop policies and procedures around shared ownership and funding of these cases.

The Adoption/Mental Health Steering Committee has formed 3 work groups to address these issues and intends to meet again in October to update each other with a final report due to SIT by Jan 2009. SIT will also work to address some of the policy questions and then work with the steering committee to disseminate the information and standards throughout the state.

### **Act 264 Advisory Board Works on Developing Recommendations on System of Care**

The Act 264 Advisory Board has begun its information gathering process in preparation for formulating its priority recommendations for the interagency system of care for children and youth with a disability. As required by Vermont's Act 264, the Board is charged with presenting DOE and AHS Commissioners with its recommendations on developing and improving the system of care each January. Over the summer, Board members are interviewing representatives of key service providers and private non-profit agencies. Invitations and questions are also being sent for two meetings this fall at the Skylight conference room in the Waterbury complex:

- September 12,      10:30 – 12:00, Commissioners  
                             1:00 – 2:30,      State Interagency Team
- October 10,        10:00 – 12:00, Local Interagency Teams  
                             1:00 – 2:30,      Advocacy Organizations

Final recommendations will be sent to meeting participants and posted to the Department's website in January, 2009. Recommendations for 2008 are at <http://healthvermont.gov/mh/boards/cafu/documents/act2642008recs.pdf>

## **ADULT MENTAL HEALTH**

### **Adult Mental Health Director Interviews**

Interviews with final candidates for the Adult Mental Health Director position will be conducted on July 29th and July 30th. An open invitation to all interested stakeholders is posted on the DMH website. Meeting time information, location, and resumes for the two final candidates is featured under the “Spotlight on Mental Health” on the DMH website at: <http://healthvermont.gov/mh/index.aspx>

### **Designated Agencies Respond to the Tragedy in Randolph**

There has been a unified community response to the events that unfolded surrounding Brooke Bennett’s disappearance on June 25<sup>th</sup> and discovery of her body on July 2<sup>nd</sup>. The Designated Agencies, in particular, Clara Martin Center, played a key role in responding to this crisis and providing support to the many members of the community who were affected by this tragedy.

Since the Amber Alert was issued, Clara Martin Center has worked with state and local law enforcement to offer community mental health response and support. Walk-in hours at the agency were expanded for the month of July to respond to an increased number of calls requesting help. The agency collaborated with Gifford Hospital to triage people in the ER after hours.

The Randolph Area Care Team quickly formed to support the community and help people work through the process of shock, loss, grief and movement toward healing. This coalition consists of representatives from Clara Martin Center, local clergy, schools, physicians, local business owners, and social service providers. The group has a website, Randolphcares.org, which includes links to resources.

The Randolph Area Care Team sponsored an Information and Support gathering at the local high school on July 7<sup>th</sup>. Jeff Rothenberg of the CMC was on hand to discuss trauma, stress reaction and a local MD spoke about how to talk to children about the events. State Police provided available updates to the public. In addition to local clergy, CMC and WCMH staff trained in Critical Incident Stress Debriefing were on hand to facilitate break out sessions and to help with debriefing the assembled group. CMC staff were also present to provide support during both wake and funeral services.

The Randolph Area Care Team will be involved in ongoing work in the Randolph area including the hosting of two additional community forums over the summer. One forum will highlight a discussion around sex offenders and cover topics such as VT state laws and how to advocate for changes in the laws, and, the sex offender registry and how to access that data base. The other forum will address how to talk with our children safety issues such as abuse, and the exploitation risks associated with use of the internet.

As events unfolded in the community, it was clear that CMC did an excellent job of demonstrating the ongoing service commitment of mental health agencies to all Vermonters.

### **Supported Employment Strategic Planning Event Successful**

Representatives from nine of the ten designated agencies, Department of Mental Health (DMH), Division of Vocational Rehabilitation (VR), and consumer and family advocacy groups came together on July 9, 2008 to develop recommendations for the state’s first Community Rehabilitation and Treatment (CRT) Supported Employment Strategic Plan.

The Plan's focus is to improve and sustain the quality and quantity of supported employment (SE) services within the CRT programs statewide. Highlights of the day included opening comments by Vermont Commissioner Michael Hartman and Dr. Paul Gorman from the Dartmouth Psychiatric Research Center. Both speakers emphasized the critical role employment plays in the recovery process for those with a mental illness and urged the audience to focus their energy on strategies to help all individuals with mental illness that want to work but have not yet been able to access employment services or reach their employment goal. Both speakers publicly recognized the incredible work that Vermont has already accomplished in the field of supported employment and illuminated the need to continue to build on this history of success.

The participants worked extremely hard within the time constraints of the day to develop many powerful recommendations to push Supported Employment forward in Vermont. Some of the recommendations receiving the popular vote at the end of the day included creating pay equity for employment staff and other case management staff, increasing peer involvement in supported employment services, developing financial incentives for employment outcomes, improving the efficiency and utilization of data collection, and improving the level and consistency of both state and local leadership in supporting SE as a priority service.

People commented at the end of the day that the event left them feeling hopeful, energized, enthusiastic, and positive about the future of SE. "It feels like we now have sand under our tires," expressed one participant. Dr. Gorman commented on the success of the day and reminded the group about the power of subtleties and their ability to slow progress, such as placing a discussion about employment at the end of a treatment team meeting rather than at the beginning.

Next steps involve incorporating the recommendations from the day into a draft strategic plan that is disseminated to the participants for final review. This plan will then be presented to the larger stakeholder community within the next 6-9 months and strategies will be developed regarding how to best implement the recommendations. The CRT Supported Employment Leadership Committee is responsible for ensuring that these next steps are accomplished and will be meeting in the next month.

This event was made possible through the generous contributions of the Department of Aging and Independent Living, Division of Vocational Rehabilitation in collaboration with the Department of Mental Health. For more information about SE, please call Laura Flint at the Department of Mental Health at 802-652-2000 or email [lflint@vdh.state.vt.us](mailto:lflint@vdh.state.vt.us)

### **Progress Toward Medicare Mental Health Parity**

On July 15, both the House and Senate voted to override the President's veto of the Medicare bill that eliminates the discriminatory co-payment rates for Medicare outpatient mental health services. The Medicare Improvement for Patient and Provider Act of 2008 (H.R.6331) will gradually reduce the 50% co-payment currently required by Medicare for mental health services to the same 20% co-payment required by Medicare for other health services. The current co-payment will be phased out over a six year period. Many have believed that the 50% co-payment required by Medicare has been an access impediment for older adults in need of mental health services. Additional information about this important legislative veto is available at the Bazelon Center for Mental Health Law's website <http://www.bazelon.org/newsroom/2008/7-10-08Medicare.htm>.

## ***FUTURES PROJECT***

### **Care Management System Design**

The Care Management Steering Committee held its first monthly meeting with the New England Partners consulting team, which is working with DMH and stakeholder groups to design a structure for the network of inpatient, residential, and crisis stabilization beds that will enable individual clients to receive timely care that is appropriately matched to their clinical needs. As more resources in our system of care are developed through the Futures project, we are looking to make optimal use of the beds consistent with a set of principles developed by the Care Management Work Group in 2006. Creating operating protocols based on the principles requires program descriptions for the various levels of care; admission, continued stay, and discharge criteria; identification of system gaps in the network of collaborating intensive care programs; and protocols to manage the flow of clients through all available resources and levels of care statewide. To gather broad input from our multi-stakeholder community, New England Partners will be meeting with residential, inpatient, and emergency services providers, consumers and family members. They also will meet with the Transformation Council, the Adult Statewide Standing Committee, and other groups around Vermont. For more information, contact Judy Rosenstreich at 652-2023 or [jrosen@vdh.state.vt.us](mailto:jrosen@vdh.state.vt.us).

### **Group Meets to Develop Initial Draft Staffing Model for 15 Bed Secure Residential Facility**

On July 9, a DMH planning group met to develop initial staffing estimates for each of the 3 possible sites for the 15 bed secure residential facility proposed for the Waterbury Campus. Current planning is underway to assess operating and construction costs for a facility located in either a new building, or in the Brooks Building or the Dale Building. Planners will use information obtained from the July 9 meeting to devise comparative estimates of numbers of staff required in each of the proposed spaces in order to provide treatment planning and maintain a safe and secure environment. A work group to address treatment programming and staffing requirements in greater detail is scheduled to begin work this fall. The recommendations of the treatment planning work group will be used to develop the Certificate of Need Application for the secure residential facility.

### **DMH Submits Revised Work Plans to BISHCA**

On July 14, the Department submitted revised Work Plans for the Futures Project to the Department of Banking, Insurance, Securities and Health Care Administration. The revised time lines call for a two part Certificate of Need application process: Part One will address planning for the proposed 15 Bed Secure Residential Treatment Facility to be located on the grounds of the State Office Complex in Waterbury. Part Two of the application process, will offer plans for inpatient services. DMH is currently working with Rutland Regional Medical Center and Fletcher Allen Health Care to develop agreements in principle on ways to proceed with the inpatient part of Futures planning. These timelines are likely to continue to change. A Summary Work Plan is posted on the Department website. Follow the link to <http://healthvermont.gov/mh/futures/documents/SUMMARYWORKPLANREVISED071408.pdf>



## ***VERMONT INTEGRATED SERVICES INITIATIVE (VISI)***

### **Save the Date: Third Annual Peer Conference on Co-occurring Conditions**

The third annual peer conference will be held in Rutland on September 26, 2008. Walk a Mile in My Shoes: Bridging peer supports and treatment services. To register, call Patty Breneman at 802-652-2033 or pbrenem@vdh.state.vt.us.

### **Health Integration Project**

The Division of Alcohol and Drug Abuse Programs (ADAP) and the Department of Mental Health have received legislative funding to develop a co-occurring mental health and substance use treatment model using the Blueprint for Health Framework. The model will include screening and brief intervention of co-occurring conditions in the primary care practices and referral for longer term treatment to community mental health programs. The pilot will utilize the Community Care Teams to serve as bridge connecting and coordinating primary care with community mental health. The pilots will begin in two Blueprint communities this summer.

### **Users Guide for Co-occurring Screening**

VISI through its Clinical Practices Committee has drafted a User's Guide for Screening People with Co-occurring Mental Health and Substance Use Conditions. The User's Guide is for programs and agencies that want to have a "toolbox" of valid and reliable tools specific to certain populations for use in screening. The screening tools include mental health, substance use and trauma screens for adults, adolescents and children. Most of the tools are free and require little or no training. The Guide can also be used to develop policies and procedures for screening people with co-occurring conditions and can be used as part of an orientation for employees involved in direct service. If you would like to review a draft of the User's Guide please call Paul Dragon at 652-2020.

### **VISI Resources**

Please check out the VISI website at <http://healthvermont.gov/mh/visi/.aspx>

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

## ***VERMONT STATE HOSPITAL***

### **Literature and Medicine**

In collaboration with the Vermont Humanities Council, the Vermont State Hospital will again this year be offering the Literature and Medicine Program. Open to all staff, the program involves reading and discussing literary accounts of illness, death and human relationships and is intended to help participants reflect upon their work and their relationships with their patients and with each other. Participants meet monthly between October and March, and registration is currently underway. The Program is coordinated by the Education & Training Department and facilitated by Burlington author Suzi Wizowaty.

## ***VERMONT STATE HOSPITAL CENSUS***

The Vermont State Hospital Census was 41 as of midnight Tuesday. The average census for the past 45 days was 45.2